

## STATE OF SOUTH CAROLINA

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2009-377-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by:

Address:

Telephone:

Fax:

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- ☐ Application – Class C Taxi
- ☒ Application – Class C Charter
- ☐ Application – Class C Charter Bus
- ☐ Application – Class C Non-Emergency
- ☐ Application – Class E Household Goods
- ☐ Application – Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate

- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☒ Request Rush
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other:

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

RECEIVED

JUN 30 2009

PSC SC

DOCKETING DEPT.

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTERDATE May 21, 2009**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

dba McManus Transportation Service

2. (a) Street Address of Applicant 2005 Harvest Red Rd

Indian Trail, NC 28079

- (b) Mailing address, if different from street address - SAME -

- (c) Telephone Number 704-296-5787 Fed ID #

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

Sole Proprietorship

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:

Month: May Year: 2009

Assets:	
Cash	<u>10,000</u>
Receivables	
Real Estate	<u>50,000.00</u>
Buildings and Equipment-Net	<u>4,000</u>
Motor Vehicles-Net	<u>20,000.00</u>
Garage Equipment-Net	
Machinery and Tools-Net	<u>1,000.00</u>
Supplies on Hand	
Prepays and Other Assets	
Total Assets	<u>\$85,000</u>
Liabilities and Equity:	
Accounts Payable	<u>1,400 mt.</u>
Notes Payable	<u>1,500 mt.</u>
Mortgages Payable	<u>1,150 mt.</u>
Equipment Obligations	<u>0 -</u>
Accrued Salaries and Wages	<u>0 -</u>
Other Accrued Obligations	<u>0 -</u>
Other Liabilities	<u>0 -</u>
Total Liabilities	<u>4,050 mt.</u>
Capital Stock	<u>10,000</u>
Retained Earnings	<u>8,200 mt. plus</u>
Total Equity	<u>50,200</u>
Total Liabilities and Equity	<u>72,250</u>

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, Perry R. McManus, owner  
(Name of Applicant's Representative) (Title)

of R. P. McManus Transport Services, the Applicant for the Certificate of Public  
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

**SWORN TO BEFORE ME**

At Cheraw S.C.

This the 14<sup>th</sup> day of June 20 09

Betta Swen

(Notary Public)

Perry R. McManus \*

(Signature of Applicant's Representative)

Commission Expires: 05-04-12

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Peggy R. McManus / McManus Transport Services

For the transportation of passengers as follows:

Area to be served: South Carolina

Number of passengers (Per Vehicle): 1-15

Fares : OPEN  
see attached sheet

Date 8-26-09 Peggy R. McManus  
By

OWNER  
Title

MCMANUS TRANSPORT SERVICE  
2005 Harvest Red Road  
Indian Trail, N.C. 28079

To whom it may concern:

The fare will be \$500.00 dollars per person per day.

Thank You



Peggy R. McManus

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SEP 03 2009

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**INSURANCE QUOTE**

The following insurance quote is for:

McManus Transport Service

(Name of Motor Carrier)

2005 Harvest Red Rd. Indian Trail, NC 28079

(Address of Motor Carrier)

**Amount of Premium:**

Liability Insurance

\$3,400.<sup>00</sup>The above quoted premium is for a term of 12 months.**Minimum Limits - Intrastate Only:**

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

National Casualty

(Insurance Company Name)

9877 Gurney Center Dr. Scottsdale, AZ 85258

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

8-20-09

Date

Paul F. Munger

(Authorized Insurance Company Representative)

4/27/07

**EXHIBIT FWA**

**Name:** McWANE Transport Services  
**Address:** 2005 HARVEST Red Rd. Indian Trail, NC 28079  
**Telephone No.** 704-296-5787 **Fax No.** 704-296-5787  
**U.S.D.O.T. No.** N/A **ICC No.** N/A

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes \_\_\_\_\_ No ☒ Pending \_\_\_\_\_ (Submit when received)  
(If "yes", indicate rating and provide copy) Satisfactory \_\_\_\_\_  
Conditional \_\_\_\_\_  
Unsatisfactory \_\_\_\_\_

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes \_\_\_\_\_ No ☒

3. Are there currently any outstanding judgment (s) against Applicant?

Yes \_\_\_\_\_ No ☒  
(If "yes", indicate nature of judgment(s).

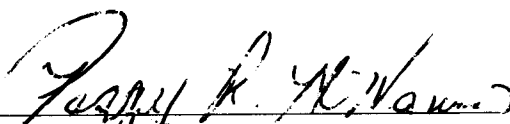
4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ☒ No \_\_\_\_\_

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ☒ No \_\_\_\_\_

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

  
(Applicant's Signature)

Sworn to before me

At Cheraw S.C.

This 31<sup>st</sup> day of Aug, 20 09

Bert J. [Signature]  
(Notary Public)

Commission Expires: 05-04-12